

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12/29/03.

## **I. DISPUTE**

Whether there should be reimbursement for CPT codes 95831 and 95851 for date of service 8/7/03.

## **II. RATIONALE**

The services in dispute were denied as, "F-Reimbursement for determination of MMI and/or Impairment Rating shall include the exam, review of records/films, range of motion, strength and sensory testing, and measurements" and "G-Global."

Requestor states, in their letter dated 9/12/03, "TWCC addresses Return to Work (RTW) and/or Evaluation of Medical Care Examinations (EMC) with Rule 134.202, Subsection (e) (7). Although vague, this rule's intent is to reimburse the provider for RTW and for EMC. This Rule also addresses additional testing, such as Range of Motion and Manual Muscle Testing. The rule states testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee."

The Carriers response, dated 1/20/04, states, in part, "...the muscle testing and range of motion measurements were denied as these are inclusive to the disability exam."

Commission Rule 134.202 (7) states, "Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a commission or insurance carrier requested RTW/EMC examination that is not for the purpose of certifying MMI and/or assigning an IR (e.g., a medical necessity issue), the examining doctor shall bill and be reimbursed using the "Work related or medical disability examination by other than the treating physician..." CPT code with modifier "RE." The reimbursement shall be \$350.00 and shall include commission-required reports. Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee" and Commission Rule 134.202 (b), Medical Fee Guideline, effective 8/1/03, states that, "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a services is provided with any additions or exceptions in this section." To determine the maximum allowable reimbursement (MAR) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: Rule 134.202 (c) (1) states, "For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology. The conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by Centers for Medicare and Medicaid Services multiplied by 125%." Reimbursement is recommended in the amount of \$72.80.

Methodology -  $\$38.29 (95851) + \$34.51 (95831) = \$72.80$ .

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement in the amount of \$ 72.80. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$72.80 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 31st day of March 2004.

Terri Chance  
Medical Dispute Resolution Officer  
Medical Review Division

TC/tc